## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| 1 | 5             | 1655 | 15 |
|---|---------------|------|----|
| _ | $\mathcal{L}$ | 000  |    |

| Effective October 1, 2003   |  |   |                                     |   |            |                  |   | 10765515               |                   |                         |  |  |  |
|---|--|---|-------------------------------------|---|------------|------------------|---|------------------------|-------------------|-------------------------|--|--|--|
|   |  | CLAIMS A                                  | S FILED - PART I (Column 1) (Column |   |            | ımn 2)           | SMALI<br>TYPE                           | ENTITY                 | OR                | OTHER THAN SMALL ENTITY |  |  |  |
| TOTAL CLAIMS  |  |   | 19                                  |   |            |                  | RATI                                    | E FEE                  | 7                 | RATE                    | FEE  |  |  |
| FOR   |  |   | NUMBER FILED N                      |   | NUME       | BER EXTRA        | BASIC I                                 | EE 385.0               | OR                |                         | <del>                                     </del> |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /9 minus 20= *                      |   | *.         |                  | X\$ 9                                   | =                      | OR                | X\$18=                  |  |  |  |
| INDEPENDENT CLAIMS  |  |   | 9 minus 3 = *                       |   |            |                  | X43=                                    | -                      | OR                | X86=                    | <u> </u>   |  |  |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT                              |   |            |                  | +145                                    | =                      | OR                | +290=                   |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" i  |  |   |                                     |   | "0" in d   | column 2         | TOTA                                    | L                      | OR                |                         | 770  |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                                     |   |            |                  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |                   |                         |  |  |  |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                     | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA    | RATE                                    | ADDI-                  | 7                 | RATE                    | ADDI-<br>TIONAL<br>FEE                           |  |  |
|   | Total  | *   | Minus                               | **  |            | =                | X\$ 9=                                  |                        | OR                | X\$18=                  |  |  |  |
|   | Independent                                    | *   | Minus                               | ***   | 0          | =                | X43=                                    |                        | OR                | X86=                    |  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                     |   |            |                  |   |                        | OR                | +290=                   |  |  |  |
|   |  |   |                                     |   |            |                  | TOTA<br>ADDIT. FE                       |                        | ┪ <sub>╱</sub> ू∖ | TOTAL<br>ADDIT FEE      |  |  |  |
|   |  | (Column 1)                                |                                     | (Colum  | n 2)       | (Column 3)       | ADDIT. FE                               | E <b>L</b>             |                   | ADDII. FEE              |  |  |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHE<br>NUMB<br>PREVIO<br>PAID F             | ER<br>USLY | PRESENT<br>EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |                   | RATE                    | ADDI-<br>TIONAL<br>FEE                           |  |  |
|   | Total  | *   | Minus                               | **  | ·          | =                | X\$ 9=                                  |                        | OR                | X\$18=                  |  |  |  |
|   | Independent                                    | *<br>NTATION OF ML                        | Minus                               | ***   | CLAIM      | = .              | X43=                                    |                        | OR                | X86=                    |  |  |  |
|   | THOTPHESE                                      | NATION OF MIC                             | LIFE DE                             | ENDENT  | CLAIN      |                  | +145=                                   |                        | OR                | +290=                   |  |  |  |
|   |  |   | •                                   |   |            |                  | TOTA<br>ADDIT. FE                       |                        | OR                | TOTAL<br>ADDIT. FEE     |  |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                     |   |            |                  |   | ,                      | ٠.                |                         | •  |  |  |
| AMENDMENT C   | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F           | ER<br>JSLY | PRESENT<br>EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |                   | RATE                    | ADDI-<br>TIONAL<br>FEE                           |  |  |
|   | Total  | *   | Minus                               | **  |            | =                | X\$ 9=                                  |                        | OR                | X\$18=                  |  |  |  |
|   | Independent                                    | *   | Minus                               | ***   |            | =                | X43=                                    |                        | OR                | X86=                    |  |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |   |            |                  | +145=                                   |                        | 1 1               |                         |  |  |  |
| * If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |   |                                     |   |            |                  |   | <b> </b>               | OR                | +290=                   |  |  |  |
| ** .  | the "Lighter &!                                | nhor Provinces De                         | # Earl 151 To 11                    | COACE:  |            | 00               | TOTAL                                   | - 1                    | OR .              | TOTAL                   |  |  |  |